

**AMENDMENTS TO THE CLAIMS**

1-98. (Canceled)

99. (Currently amended) A method of predicting survival outcome of an individual suffering from severe congestive heart failure, wherein severe congestive heart failure is defined as NYHA class III-IV, said method comprising:

- a) determining as a first marker a level of Big ET-I (1-38) in the individual; and
- b) determining as a second marker a level of N-proANP (1-98) or N-proANP (68-98) fragment;
- c) comparing the level of the first and second markers to cutoff levels of these markers in age matched normal individuals, said cut-off levels distinguishing between high, intermediate and low survival rate due to cardiovascular cause,

wherein ~~the~~-likelihood of death from cardiovascular cause is greatest when said individual has first and second marker levels that are both greater than a first cutoff level for the first marker and a second cutoff level for the second marker, ~~the~~-likelihood of death from cardiovascular cause is least when said individual has first and second marker levels that are both less than the first and second cutoff levels, and ~~the~~-likelihood of death from cardiovascular cause is intermediate when said individual has the first marker level greater than the first cutoff level and the second marker level less than the second cutoff level or the first marker level less than the first cutoff level and the second marker level greater than the second cutoff level, wherein the cutoff level of Big ET-I (1-38) is about 2.4-5.0 fold ~~the a~~ normal level for Big ET-I (1-38), the cutoff level of N-proANP (1-98) is about 3.3-4.4 fold ~~the a~~ normal level for N-proANP (1-98) and the cutoff level of NproANP (68-98) fragment is about 8.5-10.8 fold ~~the a~~ normal level for NproANP (68-98) fragment.

100. (Currently amended) The method of claim 99, wherein said cutoff level of Big ET-I (1-38) is about 3.5-5.0 fold ~~the a~~ normal level for Big ET-I (1-38) .

101. (Currently amended) The method of claim 99, wherein said cutoff level of Big ET-I (1-38) is about 4.1 fold ~~the~~a normal level for Big ET-I (1-38).

102. (Currently amended) The method of claim 99, wherein said cutoff level of N-proANP (1-98) is about 3.8 fold ~~the~~a normal level for N-proANP (1-98).

103. (Currently amended) The method of claim 1, wherein said cutoff level of N-proANP (68-98) fragment is about 9.6 fold ~~the~~a normal level for N-proANP (68-98) fragment.

104. (Previously presented) The method of claim 99, wherein when said level of Big ET-I (1-38) and either N-proANP (1-98) or N-proANP (68-98) fragment are both below the cutoff level, the individual's 50% survival for death from cardiovascular cause is at least about 45 months.

105. (Previously presented) The method of claim 99, wherein said level of Big ET-I (1-38) and either N-proANP (1-98) or N-proANP (68-98) fragment are both below the cutoff level, the individual's 50% survival outcome for death by cardiovascular cause is at least about 75 months.

106. (Previously presented) The method of claim 99, wherein when said level of Big ET-I (1-38) and either N-proANP (1-98) or N-proANP (68-98) fragment are both below the cutoff level, the individual's 50% survival outcome for death by cardiovascular cause is at least about 91 months.

107. (Previously presented) The method of claim 99, wherein when said level of Big ET-I (1-38) and either N-proANP (1-98) or N-proANP (68-98) fragment are both higher than the cutoff level, the individual's 50% survival outcome for death by cardiovascular cause is about 5.5 months.